DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	3	8	-
REG. NO.				

	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
52911 HAY	-9	REGISTRAR CERTIFICATE OF DEATH
a we		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR, LE OF PRINT)
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9 9 107		STATE 136 COUNTY 136 COUNTY 136 STREET ADDRESS ZIP CODE
To the state of th	100	ATHER'S NAME  15. MOTHER'S MAIDEN NAME
plete ad 2	77"	FIRST MIDDLE LAST
S S S		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
10 1	1	NO THE MAN DE WAS CHOREST 200.26368 WAS A PROPERTY AND HOME
1 350		III CAUSE OF DEATH (Enter-only one couse per line for squite, and is PAST I, DEATH WAS CAUSED BY
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den confer or to		DUE TO, OR AS A CONSEQUENCE OF CENERAL VENERALLEY accordance
dec otto otto tour		Conditions, if any, which (b)
2 2 2 2 2		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
# pp # #		PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQUID
oguit 10 br 10 br 10 br	Z O	Diffuse attanos Corosis
1 11117	CERTIFICATION	THE DATE OF DISEASTION . IN CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
25 27 27	E E	VES NO YES NO
A House	200	THE ACCIDENT WAS UNDERLYING TO STATE OF INJURY OF THE PART OF
SECTION OF THE PROPERTY OF THE	AEDICAL	(IF STINER, HOTHY MODICAL EXAMINER) P.M. 19  214 INJURY DOCUMED 21e PLACE OF INJURY 21f LOCATION
E 7 4 4 9	ME	WHILE AND WHILE IT THE STREET FACTOR THE PER FIRST STREET CITY OR TOWN COUNTY STATE
DING PLANTA PLAN		22s.1 certify that (I) (this hospital) attended the deceated from 19 50 19 that (I) (we) for
PART OF THE PART O		paw the deduced alive on and that in (my) (our) opinion death occurred on the state and have and from the course stated above. (1) (iii) (did) (did) (did) (out) we the party for doubt.
A PER EX		TO IGNATURE TO DATE SIGNED
A THE TOTAL	И	PHYSICIAN DIRECTOR PHYSICIAN
HOSPITA Ined by FUNERA Cult be di Nithe Start	N	777 PHYSICIANS MARE (YIMS) ADDRESS
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00		BURIAL CRIMATION REMOVAL 23h DATES 23h NAME OF CEMETERY OR CREMATORY 23d LOCATION (SHIP)
BP	24 F	FUNEAU DIRECTOR 1250, DATE REC D. BY REGISTRANT S. SIGNATURE
DHMH - 16 60M 7/84		There ( ) ( ) ( ) works 4 - d 1007   1 1 7 1

DHMH - 16 60M 7/8 (VRA 15, 4)

Integrals were Trailing and Antonia TEST Y YAM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DEC	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	dia dia	0 1
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	male	BIK	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
	Va	76 CITIZEN OF WHAT COUP	MARRIED NE	EVER MARRIED DIVORCED	TA O	COUNTY OF DEATH	
18 CI	Caston	11. NAME OF HOSPITAL, N (IF NOT INTSUCK FACILITY, GIVE	URSING HOME OR OTHE	r institution	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTI	O OF BUSINESS RY
154.5	MATE MAD 136 COUN	11 1 01	r TOWN 13d INS	NO 🗌	13e STREET ADDRESS /	ZIP CODE	1667
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	276 PHYSICIAN & MAKE THE	Made	DEGREE 22e AL	ATTENDING PHYSICIAN X	MEDICAL STAF	- 7	TE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detuched for use as the with the State Dept. of Health at

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2 5 65	3. SE	VICTORIA	RACE	S. DATE OF BIRTH	6 AGE TIN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR OF UNDER 24 HRS
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201	5	aston	Mamolial	HOSPITAL	Habrer.	
od in ho	130	AL RESIDENCE (IF NURSING HOME OR OTH	130. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS / ZIP	CODEOO 01/01
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		1-eter	Y, BOCKWE	11 Fannie	4	Johnson
ond o		NAS DECEASED EVER IN U.S. ARMEI YES, NO OR LINKNOWN) (IF YES, GIVE W.		URITY NO. 17 INFORMANT	ADDRESS	11
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		IMMEDIATE C		HWI H	RRBST	MUEDINE
NO THE STREET			DUE TO, OR AS A CONSEQU	ENCE OF		
EST ST S	3	Conditions, if ony, which	(b)	RESERVE THE STREET WITH		
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ss that	100	underlying cause lost	(c)			
	,	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
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AL A	RTIF				YES NO	YES NO
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4 OF 19 pl 19 pl 10 pl 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYSE ending this ce burn of Mer dor Ho	AEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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O O O E		220.1 certify that (I) (this hospital)		1910 . 19		, that (1) (we) lost
R ATTEN hospitol RECTOR red for up of He m 21 is		sow the deceased alive on above. (1) (we) (did) (did nat) vi	3 20 (8) 19.	ond that in (my) our) opinion	death occurred on the date and	hour and from the causes stated
		226 SIGNATURE	us.	DEGREE		221. DATE SIGNED
		- 0.	- O Tany	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	3/26/87
HOSPITAL uned by th FUNERAL wid be deti		22d. PHYSICIAN'S NAME TYPE ORPR	INT)	22e. ADDRESS		
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5 5 5 2 3 3 3 1	23e.	SURIAL CREMATION, REMOVAL	THE DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COLINETY
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DHMH - 16 60M 7/84	24/5	UNIERAL DIRECTOR	ADDRESS	0 / M M 250 DA	TE REC'D BY REGISTRAR 256 RE	~
(VRA 15, 4)	X	Slengestaskr	VDDKE22	enten IIII AP	K 10 198/ James	, Devider . Randall

Langer Proposed Associated Secretary

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STATE OF MARYLAND

21	A PA	STATE REGISTRAR			DEPART		ICATE OF	DEATH	REG. NO	12	28	
		CEASED NAME OR PRINT)	FIRST	and	N.	Ruri	25/1	20	Pori/	NONTH DAY	YEAR 2h	HOUR 55
		ale	4	White		S. DATE O		05	6. AGE (IN YEARS LAST BIRT	YRS.	NTHS DAYS HO	UNDER 24 H
7/	Dis	STATE OF CO	lumb	u.S		WIDOWE		IVORCED [	9 BALTIMORE CITY OF	1600	4	
18	1	Fastal	7	MER	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INS	fal	(TYPE OF WORK FOR MOST OF Gemologic	WORKING LIFE)	12b. KIND OF BINDUSTRY  Jewelr	
25	130. S M	idi yadira	13b COUNT Talb	ot	136. CITY OR TOW Easton	(N	YES 🗌	NOX	Rt 4 Box 45	ZIP CODE 216	01	
The state of the s	)	THER'S NAME FIRST  Abrahan  (AS DECEASED EVER	n	DDLE	Burnst			s MAIDEN NA first inerva	Auror		Norci	um
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n 21 is me		220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an_	april	23 19	37.	nd that in (my	) ( <del>our)</del> opinion	deoth occurred on the do	te and hour a	and from the cou	
IMPORTANT: If Hen		226 SIGNATURE  LICENSIS  22d. PHYSICIAN'S NI	AME (TYPE OR	Man	reegles	/ /	DEGREE  1 D  22e ADDRE		MEDICAL STAP		Me DATE SIG	18
MPORTANI		Richard F	Mone	agold M	I D		Mor	nomial H	ospital Easto	- BAD		
2		URIAL CREMATION.		23b. DATE				CREMATORY	123d LOCATION	ת ואו וו		

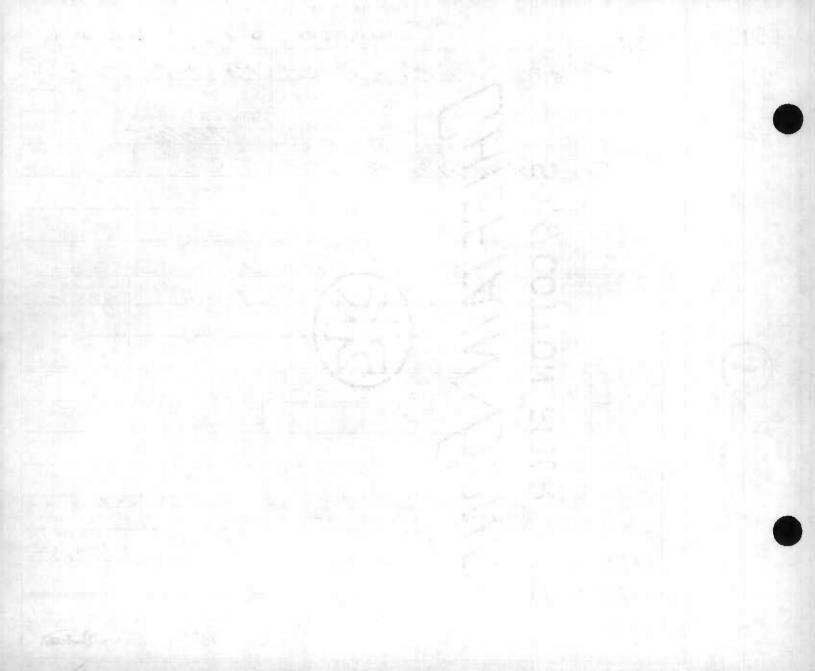
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Easton, Maryland Newnam Funeral Home

APR 2 7 1981

ia Diordern-Kandall



Easton, Maryland

ISE AATE RECO BURGISTRAR 25% REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

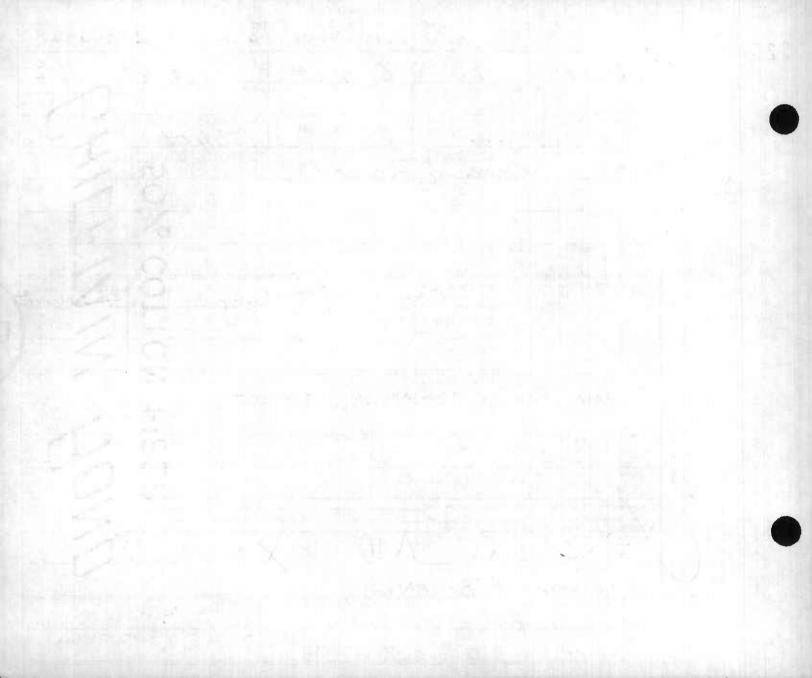
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DHMH - 16 60M 7/84

(VRA 15, 4)

Newnam Funeral Home

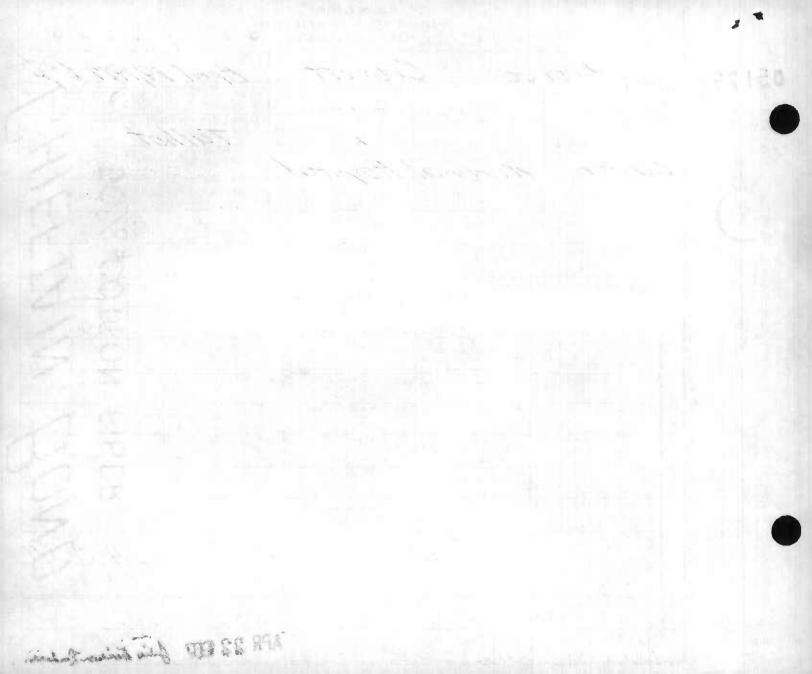


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE KNOWN A MONTH ITYPE OR PRINT) ESTI-ESTHER 00060 HUNTE MAN DEATH MATED 4 RACE & AGE (IN YEARS IE UNDER 24 HRS LAST BIRTHDAY PRONOUNCED 8 9 M Female White DEAD 1892 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Nebraska DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Easton 205 Brookletts Avenue Seamstress Ladies Appare SUAL RESIDENCE 11F IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13d. INSIDE CITY HAUTS? 13e STREET ADDRESS Maryland Talbot Cordova Railroad Avenue M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Lina Hunteman Henry Cording 17. INFORMANT ADDRESS 218-20-8996 Daniel F. Pritchett 205 Brookletts Ave Easton CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY CEREBRO VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 2D AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy and in my apinian death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) (TYPE OR PRINT) 23d. LOCATION STATE Burial 4/18/87 Spring Hill Cemetery 07/84 Easton Talbot MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Newnam Funeral Home Easton, Maryland (VR A15 ME (5))

4/2/

CERTIFICATE OF DEATH	1	REG. NO.	2	L	8
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52909	MAY -0	9 <b>\</b> '-	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYGI TE OF DEATH	ENE 3 / REG. NO.	2 2 8	1
urs affer death. Fage 4 may be	by he funeral director, page 3 filed that 22 hours ofter death and the day of	3. SE 7a BI	FEMB RTHPLACE (STATE OR FOREIGN 76 COUNTRY) MD ITY OR TOWN OF DEATH 11	RACE  CITIZEN OF WHAT COUNTRY  IN AME OF HOSPITAL, NURSI IF NOT IN SUPPRACILITY, GIVE STREET	MARRIED WIDOWED NG HOME OR OT	NEVER MARRIED ON DIVORCED	20. DATE OF DEATH MC 6. AGE (IN YEARS LAST BIRTHO 9. BALTIMORE CITY OR C 120. USUAL OCCUPATION (TYPE OLYMORE OR MOST OF W	AY) HONDER LYCKO IN MONTHS DAYS TO THE TOTAL PROPERTY OF DEATH	MUNDER 73 HRS. HOURS MIN. MD. BUSINESS OR
MARYLA	completely filled or ond 2 should be ol examiner mysto	IA FA	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY THE STAME MID WAS DECEASED EVER IN U.S. ARME	DOLE WINST	NN 13d YES	INSIDE CITY LIMITS?  NO O O O O O O O O O O O O O O O O O O	13 STREET APPRESS 12 Pair C	Street o	2/60)
5, 201 W. PRESTON ST., BALTIMORE,	gned by the ortending physicion and in please remove corbonoppers. Page burial, cremation, or remaval iry, or other traumotic event, the medic	(	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COL	one cause per line far (a), (b), a BY CAUSE (a)  DUE TO, OR AS A CONSEQUENCE TO BY AS A CON	DENCE OF	Sather!	COUNCER		NE INTERVAL SET AND DEATH
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	16 60M 7/84 RA 15, 4)		BURIAL, CREMATION, REMOVAL SPECIFIC	236 DATE 7 87 8	RSE F	MO MAY	23d LOCATION CONTROL	REGISTRAR'S SIGNATUR	TOD



VOID

8 7 - 1 2 2 8 9

NAME: Nellie Dornton

DOD:

April 12, 1987

PLACE:

Talbot County

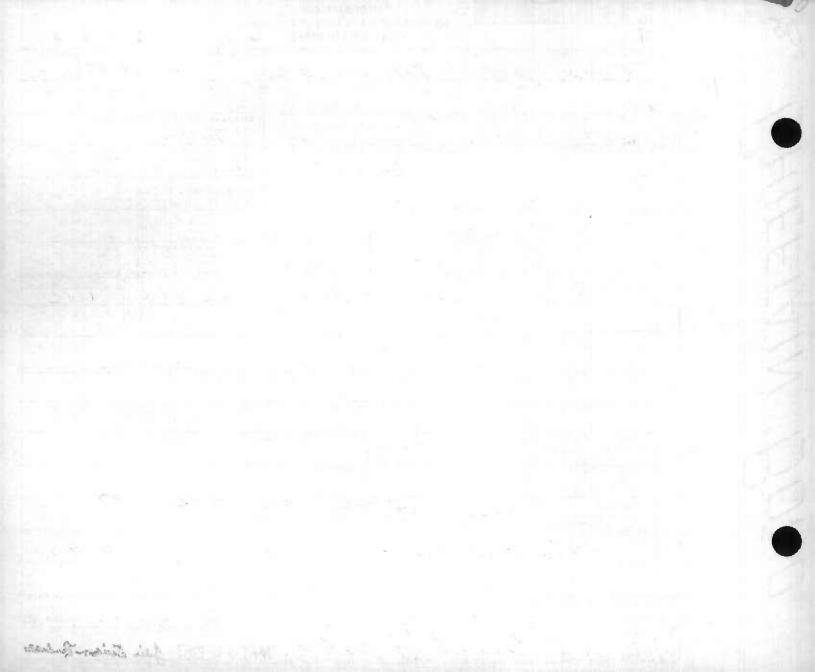


REG.	NO.	2	2	3		-
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mero in 72	1	MARYLAND		U.S.	Α.	WIDOWE			albot		M
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es con		AS DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		11 PLUME	R DR	
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NG Pa offer th on the orked	ME	WHILE NOT WH	RK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC	STREET		CITY OR TOWN	COUNTY	STATE
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PITAL OR by the No by the		226 PHYSICIAN'S	extra con con	St	any	ling	DEGREE  ATTENDING PHYSICIAN  1226 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	220 DATE	SIGNED
O HOSE Pround to Fun Pould to		Stephen	P. Ca		1.D.		Easton, N	id. 2160			
BP	- (	URIAL, CREMATION, SPECIFY)  TRIAL	REMOVAL	MAY 1			EMETERY OR CREMATORY  D veterans C	CIFE	ENDWH	COUNTY	MARYLAN

DHMH - 16 60M 7/84 (VRA 15, 4)

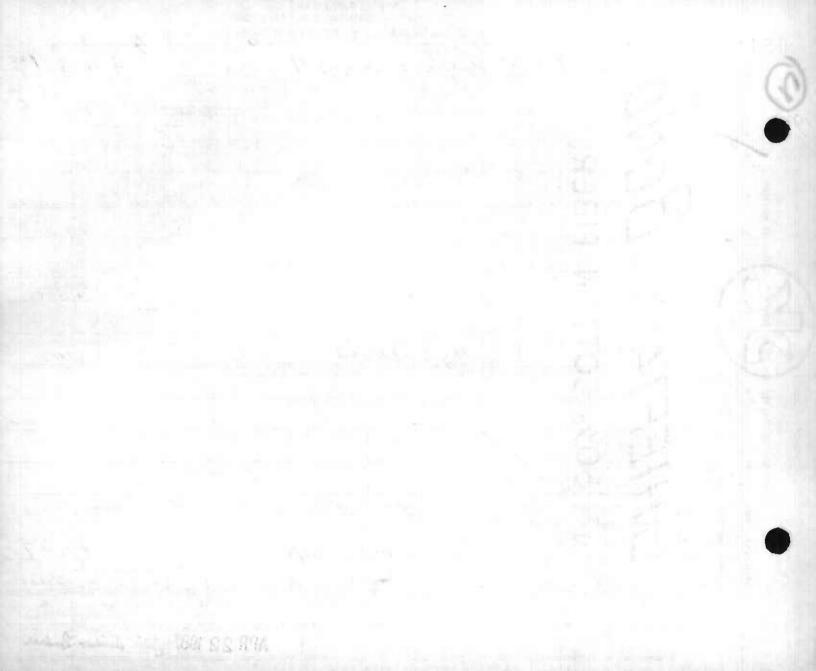
24 FUNERAL DIRECTOR



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0 DATE KNOWN LITTE OR PRINT OF ESTI-DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 74 VDS PRONOUNCED Female White 12 12 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? IN RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New York U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Easton RETAIN PARTICION BE Route 4. Box 534 Teacher Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113h COUNTY 13c CITY OR TOWN 13. STREET ADDRESS 13d. INSIDE CITY LIMITS? Talbot Route 4. Box 534 Maryland Easton 21601 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE LAST EIRST MIDDLE Megaffee G. Ehle Dica Lola George 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES 228-32-5551 Loring E. Gingell Rt 4 Box 534 Easton MD no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost BURIAL PNSION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A B CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. WRITING THE WARDED TO THE PAGE 3 SHOULD BE UT A TE DEPARTMENT OF THE PAGE TO BUT YES [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALIJMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection death resulted from: Notural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE & MEDICAL EXAMINER EXAMINER'S NAME COCK TH Ludwi (TYPE OR PRINT) 50x/06 230 BURIAL, CREMATION, REMOVAL 20 DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION 4/21/87 Oxford Oxford Cemetery MD Talbot Burial BP 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Newnam Funeral Home Easton, Maryland

STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND

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## STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYG

OF DEATH

2 2 9

4		REGISTRAR			4211111	ICAIL OI D	F 24 1 11	REG. NO.						
		CEASED NAME FIRST	A	AIDDLE	ı	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26 HOU	R	
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2	3. SE>	(	4. RACE		5 DATE C		YEAR	AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER	I YEAR	HOURS	24 HRS	
1		male	Whi		MONTH 9	177	°Ô2	84	YRS					
3	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER A	ARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEA	ATH			
	un	known	US		WIDOWE	D DN	ORCED	Talbot					MD.	
1		TY OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSIN HFACILITY, GIVE STREET IN the Pi	ADDRESS)	OR OTHER INST	TITUTION		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			Home		
5	13a S		aroline	GIVE RESIDENCE BEFORE 13c CITY OR TOW Ridgely	N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE		DE	216	60	Dai	
	PA FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	ME	LE		LAST		12	
C.		Adam		DeWald			ary			Ham	mor	ıd		
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	A	DORESS					
4	no			820-16-5	496	Rebe	cca M.	Welsh	Der					
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)	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	ES, WERE	WERE FINDINGS USED ING CAUSES OF DEATH?				
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	8	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE, F	ARM, ETC )	SINCEI			- 1			3.	AIL.	
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		urial	4-22-	87 R	idgely	y Cemet		Ridge	-	C'A"			TD	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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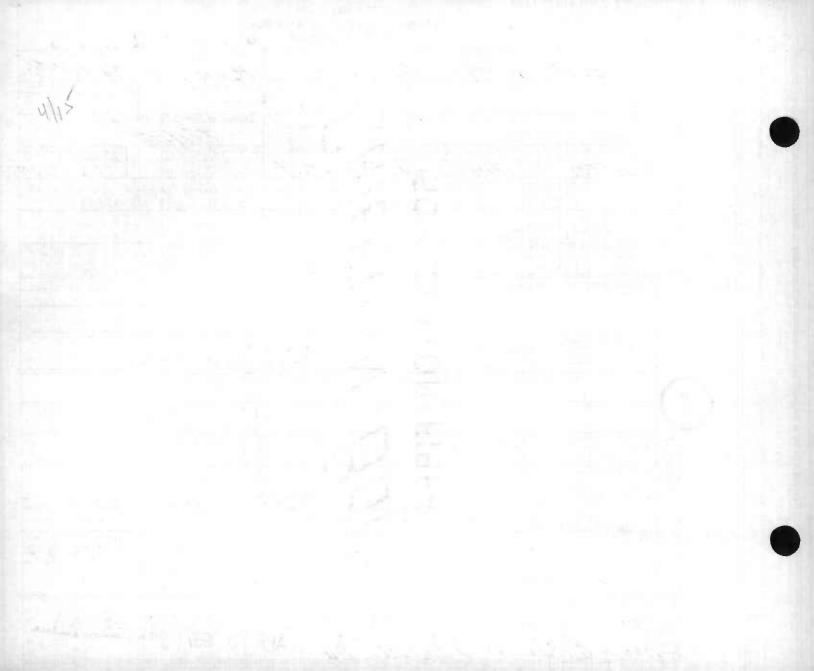
John E. Boulais

Greensboro, MD

APR 27 1987

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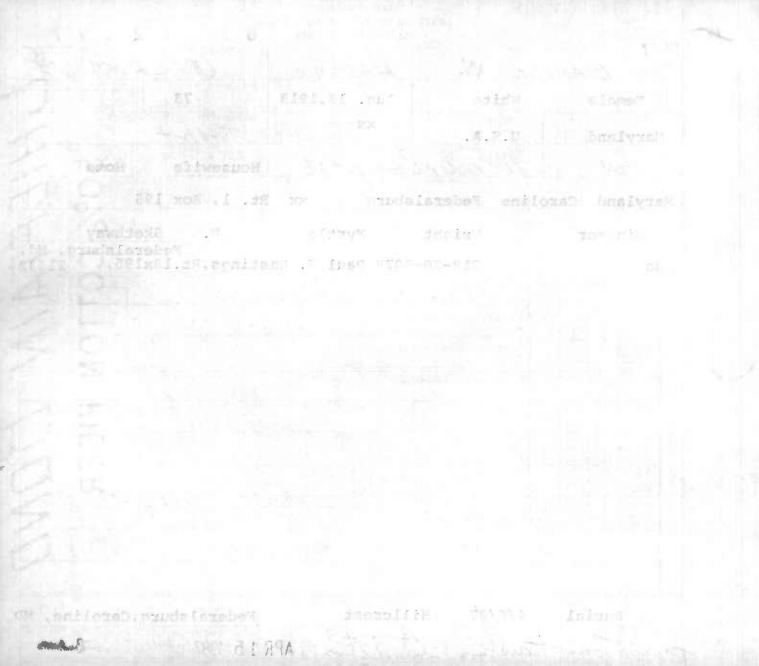
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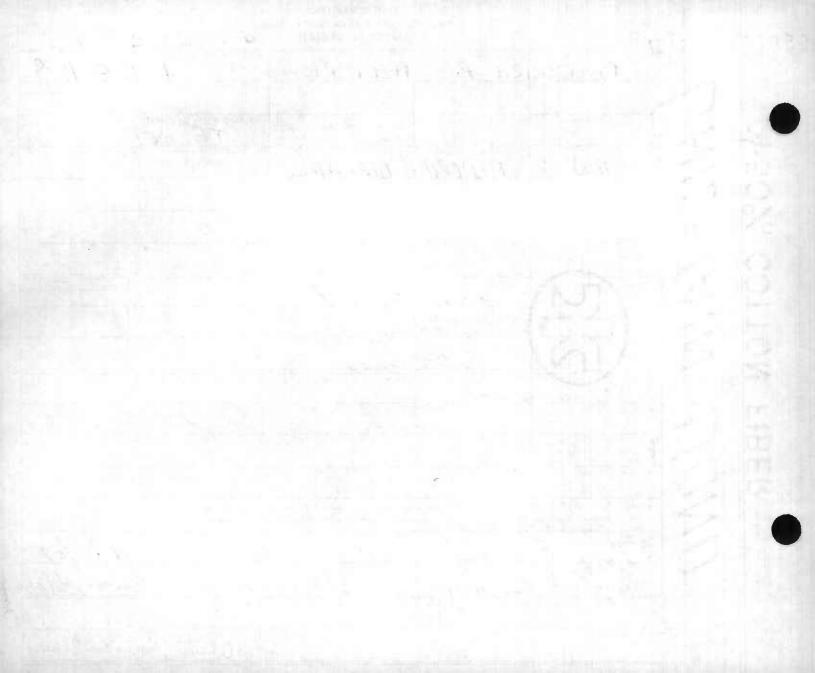


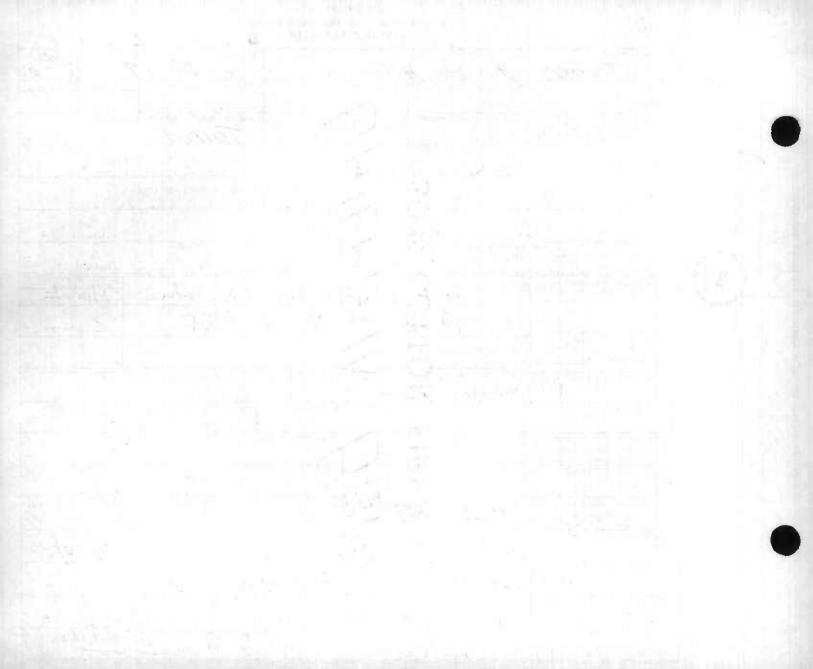
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(VRA 15, 4)

STATE OF MARYLAND







	FOR FOR	4/28/87 kam		OF MARYLAND			
1	- STATE 7 REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	8 /	1 2 3	aa
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	PE OR PRINT)		Ho	LLAND	4	.5.87	110P
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s off	Male	Caucasian	Aug		72	YRS.	YS HOURS MIN.
7e. B	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	Maryland	U. S. A.	WIDOWE		TALK	30T	MD
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5 Just	JAL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION)			Inter	ntenance
23 MIN	Maryland Car	oline Dent		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE TON AVE.	21629
	FATHER'S NAME	Dille   Deno	011	15. MOTHER'S MAIDEN NA			
P / 60	John A	HO11		Lydia	WIDDLE	Thomas	LAST S
	WAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDRES		
00 41		TT 2170	77884	Evelyn M. H	Holland, D	enton, M	D
06-04	18 CAUSE OF DEATH (Enter and						ROXIMATE INTERVAL EN ONSET AND DEATH
2015	PART I. DEATH WAS CAUSED	DBY:	Tricuc	O. O. (	10 + 1	1	122
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1100	Canditians, if any, which	(b) an	tonio	Conste	Read	Edular	10
7111	gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONS	EQUENCE OF			21	ncerta
of the contract of the contrac	underlying cause last.	(c)				α	neera
o de de	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1(a)
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Soft for the first of the state	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
E STATE	Walter Barrier				YES TI NOTO	IN CERTIFYING CAUS	NO T
CER HYD	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
	OR CONTRIBUTING CAUSE OF DEAT			A SECTION AND ADDRESS.			
dor frem	21d INJURY OCCURRED	P.M. 21e, PLACE OF INJURY	19	21f LOCATION			
the and and	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	FFICE FARM, ETC )	STREET	CITY OR 10W	'N COUNTY	STATE
olth morl	22a.1 certify that (I) Whis hospit	al) attended the deceased f	rom 9 - 2	Ce 10 8C	e to 4 — 5	10 27	1 (2) 11 .
T. is	saw the deceased alive on	4-5	97 -7	d that ir (my) (aur) apinian	-		_, that (1) (we) lost
a 2 d for	dodve, (i) (we) did / (did fid)	) view the bady after death.			scam accorred an me dat		
DIR Dep f He	22b. SIGNATURE			DEGREE ATTENDING	-MEDICAL STAFF		ATE SIGNED
3 6 5 5 -4	Rober	t W. Tre	ren, N		MEDICAL STAFF	AND 4-	-5-87
7744	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS	- 27	- 1	
POR H	Robert W. T	rever, M.D.		RD3 B	0×297	Easton	-, Md. 2161
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	Burial	4/8/87	Dentor	n Cemetery	Denton	Carolin	e MD
24 F	FUNERAL DIRECTOR	1	0	180. DAT	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S-SIGN	ATURE
H - 16 60M 7/84	MAMERINITE	STALL LIVE	1/1 - 588	DONNO 1 1	- 0 1087	A . Kindre	. Londall

4/20

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 70 DATE OF DEATH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VE AR October 27, 1905 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED albot County albot 17h KIND OF BUSINESS OR INDUSTRY Dealer(ret. Livestock 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE R.D. 1. Box 1 21657 15 MOTHER'S MAIDEN NAME Viola Sharp ADDRESS R. D. Daughter 1. Box 242 Mrs. Rose M. Sherwood, Cordova, Md. 21625 MIUVE 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT TIE HOW INJURY OCCURRED CITY OR TOWN COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

> MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE, SIGNED

23c NAME OF CEMETERY OR CREMATORY

(SPECIFY)

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

Barton Funeral Home James H. Barton, Jr., Centreville, Md. 21617 APR

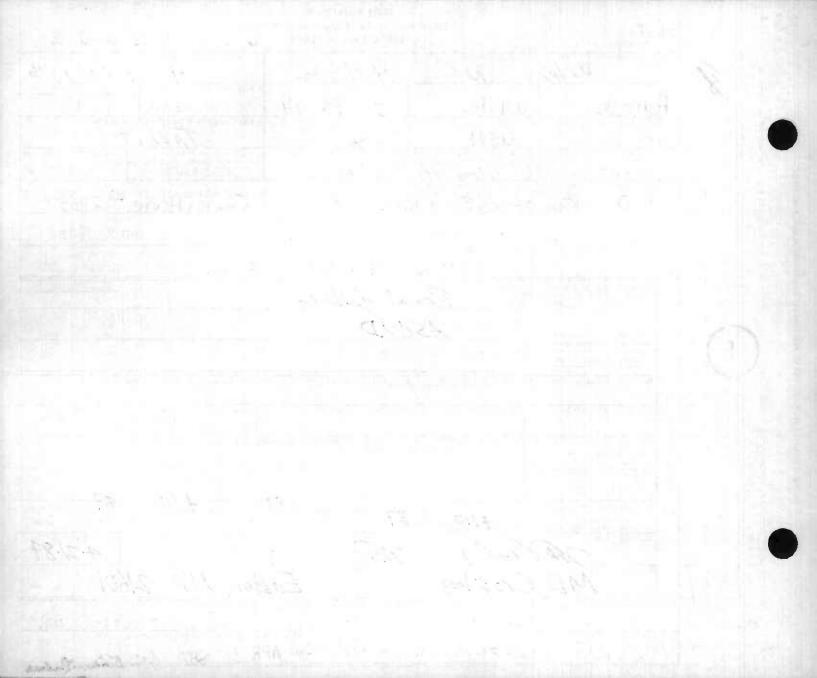
April 21.1987 Greenmount Cemetery

STATE

Hillsboro. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lie Deviderno Kan

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2000					STATE	OF MARYLAND			
052032 114		FOR		DEF	ARTMENT OF H	EALTH AND MENTAL HY	GIENE	e ob	0
2002	11-	STATE REGISTRAR			CERTIF	CATE OF DEATH	B / REG. NO	2 3	0 2
	1 DEC	EASED NAME	FIRST	WIDDLE	, L	IST		MONTH DAY YEA	AR 26 HOUR
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	3. SE)	^		4 RACE	5. DATE O	DAY YEAR	O. AGE (INTERNSTAST BIRT		DAYS HOURS MIN.
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within		TY OR TOWN OF DEA	ТН	11. NAME OF HOSPITAL, N	URSING HOME C		120. USUAL OCCUPATION		ND OF BUSINESS OR
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ow rec	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
IVISION OF VITAL RECORDS, 201 W. PRESTON S G PHYSICIAN: The low requires that the draft certains physician. For this certificate hos been signified by the original sthe buriol-transit permit. Then please infrience or both on and Mental Hygiene prior to burn certains or received at them 18 shows any injury, or all mitties matrice and them.	F.	THE DATE OF CIENT		170 001101110111				IN CERTIFYING CAL	USES OF DEATH?
ASSON OF VITAL RICES SPHYSICIAN: The little distribution of the buriol-transit per and Americal Hygiene and Americal Hygiene and artificial shows.	E			216. TIME OF INJURY		121- HOW MILLIPY OCCUP	YES NO	YES 🗌	но 🗌
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PHYS adin of the bus o	MEDICAL	214 INJURY OCCURR	ED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DESIGN BARA ETC.)	21f. LOCATION	CITY OR TO	wn count	TY STATE
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A P P P P P P P P P P P P P P P P P P P		sow the decease	d olive on	4/10	_19_87, or	d that in (my) (our) opinion	death accurred on the de	ate and hour and from	n the couses stated
DR ATT hospit iRECTG ihed fo ibed fo tept. of them 21		22b. SIGNATURE	id) (did no	t) view the body after death.		DEGREE		225 [	DATE SIGNED
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5 € 5 € § ₹ 4 -	23a E	BURIAL, CREMATION,	REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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FOR

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTA

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			D		BETWEE	DXIMATE INT N ONSET AN	ERVAL D DEATH
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	274					7	_35

- STATE CERTIFICATE OF DEATH REGISIRAR DECLASED NAME TYPE OR PRINTI V. 3 SEX MONTH White Female 19 189 10 TO BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIE USA Maryland WIDOWEDX CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UAL RESIDENCE (IF NURSING HOM, OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136, COUNTY 13c CITY OR TOWN Greensboro Caroline Maryland FATHER'S NAME 15. MOTHER'S MAID! FIRST S. Net William George, Sr 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIF YES GIVE WAR OR DATEST Charles 222-24-1616D no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF rneumonia Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 211618 Dresan 22a I certify that (1) this hospital) attended the deceased fram saw the deceased alive an Apr: and that in (my) (our) opinion death accurred on the date and hour and from the causes stated the e, (1) (we) (did) (did not view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS POBOX 122 Goldsboro Md. 21636 appin 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Burial 4-27-87 Greensboro Cem: Greensboro

BP. (VRA 15, 4)

DHMH - 16 60M 7/84

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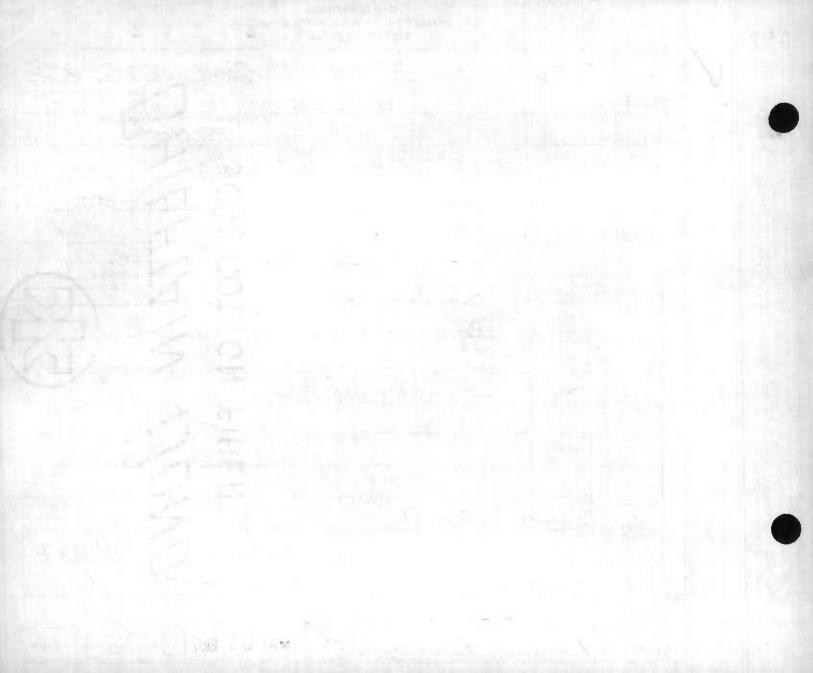
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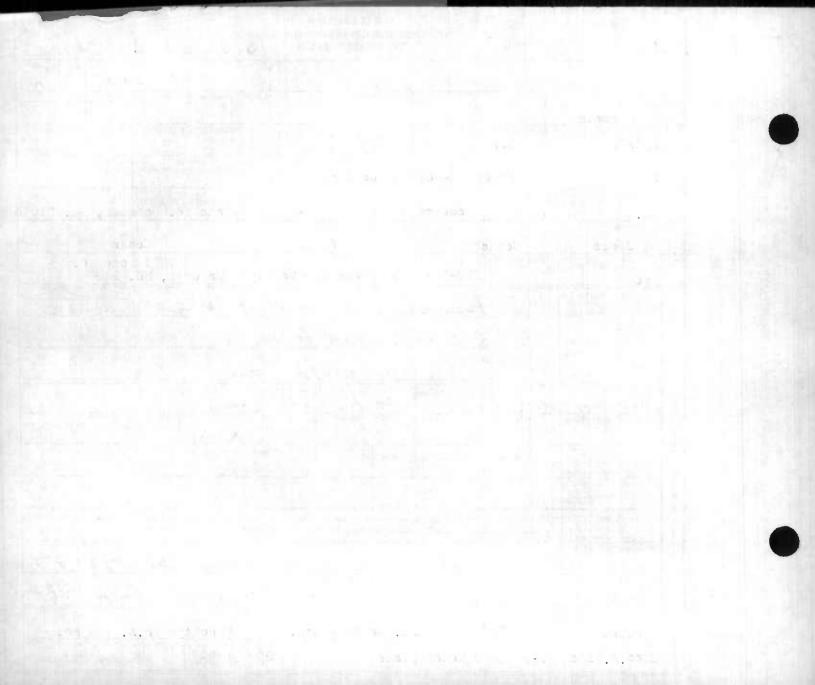
24 FUNERAL DIRECTOR

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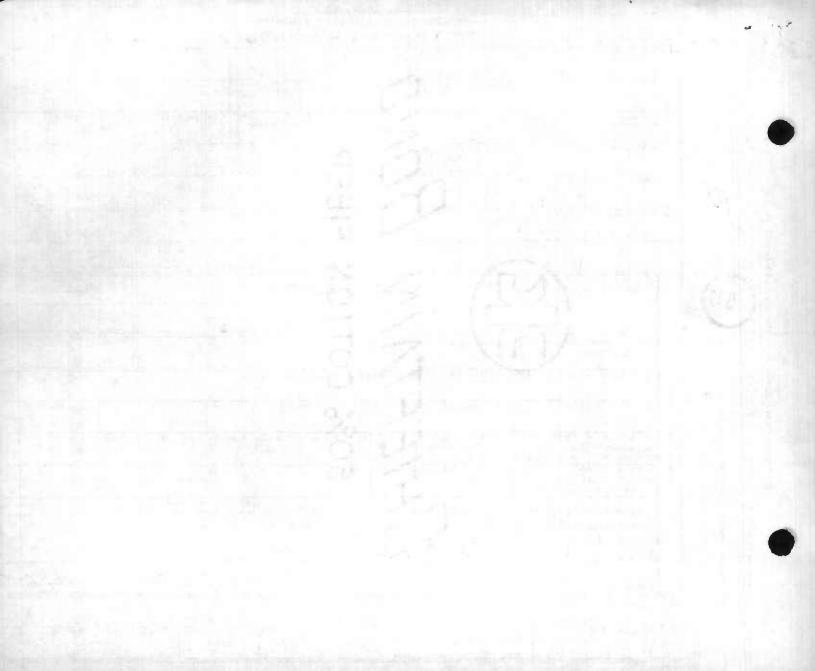
BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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OR he	Dep F ite		226 SIGNATURE	(C)	1	1 1.	DEGREE ATTENDING _	_ MEDICAL STAI	F	220 DATES	IGNED -
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O H O	hould be dete		Keinhardt	Jahn	nel		Easton	Memoria	K H	0500	raf
7 e	.,		BURIAL, CREMATION, REMOVA			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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(VRA			Chas.A.Rice F	SPA 13	oo Eura	aw Place	A	PR 2 8 1987	Di	cordern. K	andall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE KNOWN 2306 R (TYPE OR PRINT) ESTI-DEATH MATED 19 87 Elmer Kerns, Sr. Lee 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 1306 YEAR LAST BIRTHDAY) PRONOUNCED 4, 1932 DEAD 5 4 RS 19 87 Male White Auq. 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH A RIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia U.S.A. WIDOWED [ DIVORCED X Allegany 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Heavy Equipment Cumberland Memorial Hospital Operator USWAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Box 471C Pennsylvania Manns ChoiceYES NO X Rt.1 15550 ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Didawick Clyde Kerns, Sr Rose 17 INFORMANT Box 129 64. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. REDRESS 8 (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Cumberland, MD 2150 Michael Kerns 233-48-6290 No CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) ARDIAL INFARCTION APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT 21e EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, ST. Inspection XX 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes XX Homicide \_\_\_\_ Undetermined monner Suicide TITLE (SPECIFY) Deputy 4-25-87 DATE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo 900 Seton Drive, Vumberland, Md. 21502 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4-28-87 Sunset Mem. Park Burial Cumberland Allegany MD 07/84 BP 250 DATE REC'D BY 98 POTRAM 1210 RESTSTRATES SIGNATURE 24 FUNERAL DIRECTOR Leasure-Stems Funeral Home (REA15 ME (5)) Baltimore Ave. Cumberland.



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STATE OF MARYLAND

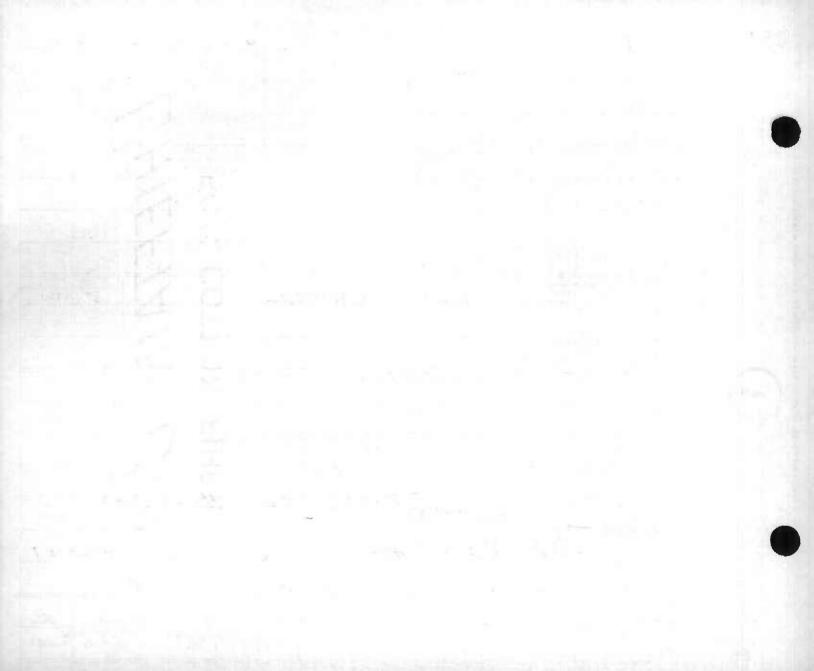
Easton, Maryland

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

Newnam Funeral Home

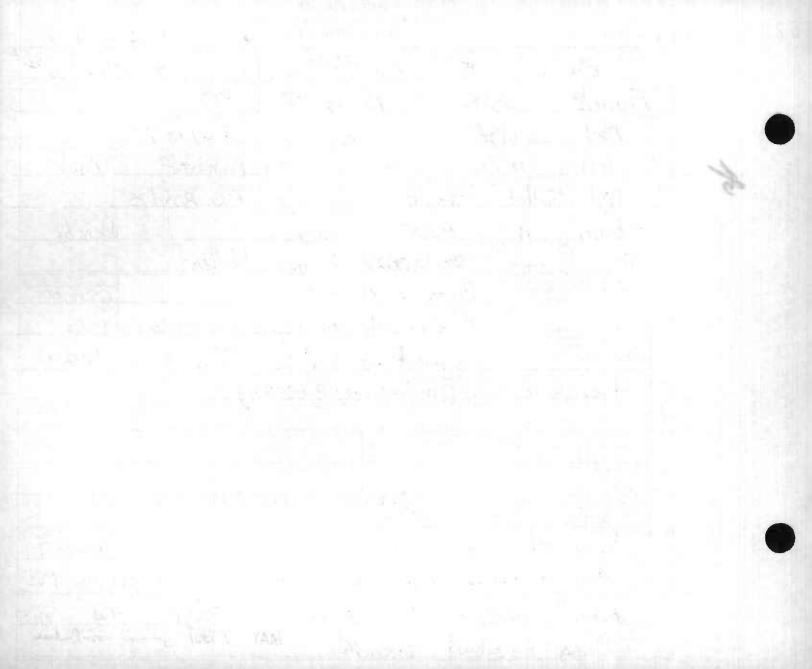
STATE OF MARYLAND



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	STATE OF MARYLAND
2010 1144 01	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
0 1 0 1111 -9 8	REGISTRAR CERTIFICATE OF DEATH 8 REG. NO. 2 3 3 7
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of 100 279 70.	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED DEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deoi muer deoi	MICH WIDOWED DIVORCED [ a bot M
in the state of th	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IT PE OF WORK FOR MOST) OF WORKING LIFE) INDUSTRY  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PE OF WORK FOR MOST) OF WORKING LIFE) INDUSTRY
· · · · · · · · · · · · · · · · · · ·	Easton Memorial Hosp @ Easton Domestic. [008
333	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  10 STATE  130 COUNTY  131 CITY OR TOWN  131 INSIDE CITY LIMITS?  130 STREET ADDRESS / ZIP CODE
E 0 0	11/4 labor Tragge YES NOW POROX/B 770/
20 2/2	FATHER'S NAME  IS MOTHER'S MAIDEN NAME  FIRST MIDDLE  LAST /
E of Co	Steven A. POTTS Georgia Demby
Poge of medico	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
ovi e	MO - SUBSTANCES POLUTO
hysical coper ovol.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:
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cote has been up print permet the treatment print the B shows any injury	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 200 IF YES, WERE FINDINGS USED
13187	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
S Tarte	216 ACCIDENT WAS UNDERLYING TO 216. TIME OF INJURY  PROCEDURED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  OR CONTEMBLITING TO CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR
19819	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
this certification of Member 1	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION  STREET CITY OF TOWN COUNTY STATE
4 6 4 5	WHILE NOT WHILE AT WORK AT WORK
A model	220 I certify that (I) (this hospital) attended the deceased from OCT 30 , 19 19 , to 10 1 3 , 19 8 / , that (I) (we) last
for of the	and the discussed alive on Aug 20, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above the reliable (did not) view the body after death.
DIRECT DIRECT Sched for Dept of f Hem 2	27). SIGNATURE 220 DATE SIGNED
ALD ALD Stell Tr. H	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 41687.
Detail Detail	224 PHYSICIAN'S NAME (1792 ORPRINT)
0 0 2 5 5	Ann H. Webb MD 607 Dutchmans lane Easton Md.
	BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF COMETERY OR CREMATORY 23d LOCATION COUNTY STATE
BP	Bunal 4/20187 Faraclise Cemetery Truppe TA mix
PHMH - 16 60M 7/84	FUNERAL DIRECTOR NAME  250 DAJE REC'DEN APPRESSED AND ADDRESS SIGNAL REGISTERS SIGNAL REGISTARE SIGNAL REGISTERS SIGNAL REGISTERS SIGNAL REGISTERS SIGNAL REGIS



STATE OF MARYLAND



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		1-	FOR STATE		DEPARTMENT OF					
15			REGISTRAR	ME	DICAL EXAMIN	NER'S C	ERTIFICATE	DF BEATH RE	G. NO2 3	
70			CEASED NAME FIRST		WIDDLE		LAST	20 DATE KNOW		DAY YEAR 26 HOUS
49	7,446,198	-0"	1 KATHER	INCE	S.	m	EYER	OF ESTI-	004/2	2 108783
	<b>※932</b> 第	3. SEX		5 DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	IDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH D	DAY YEAR 24 HOU
	E ST	- n	T.T. 21.	MONTH DAY	YEAR LAST BIRTHE			MIN PRONOUNCED	11/2	67025
	\$3020/ ()	(Birmeron	emale White	01-03-19		RS.		9 BALTIMORE C	TY OR COUNTY	OF DEATH
-	報報を表現り 7	FÇ	REIGN COUNTRY)				ED NEVER MARR	IED U	/ OK COOKITY C	OF DEATH
	新型品等 T		ew York	United S		WIDOW			007	ME
	SHARE S	MI.C	TY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE		KIND OF BUSINESS OR INDUSTRY
	Nog H	1	=05toN /	Memor	rial Ho	500	701	Housewife		lomemaker
	SEASON TO SEE		AL RESIDENCE (IF IN NURSING HOATTATE IN COL		NE RESIDENCE BEFORE ADMISS	ION	13d INSIDE CITY LIMITS?	III. CIPET ADDRESS		
130	ANE SOUND			en Annes	Centrevil	le	YES NO NO	Shirling D	r. / 2161	7
9	= 7.8.00	Mark.	ATHER'S NAME				15 MOTHER'S MAID			
2	E-3 9/	W	Carl	MIDDLE	Schietting	or	Kate	MIDDLE		Koenig
9	3030 A	-	VAS DECEASED EVER IN U.S.	PMED FORCESS	166 SOCIAL SECURI		17. INFORMANT	200	DESS - 0.4	
A	PANES!	1 19	ES. NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					PRESS Box 24	
3	100		No		-  130-09-12	00	Mr. The	omas I. Meyer,		
- 4	Se Maria		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly ane cause per line	for (a), (b), and (c).)	1		1.	1 / 1	BETWEEN ONSET AND DEATH
Z	A E B S E E			IATE CAUSE (a)	974610Sc	1En	OTIC L	andio Vascul	AR disease	ih
STO	AL AL SA				AS A CONSEQUENCE	OF	Dossible 5	Troke		
8	ELENTA TE		Canditions, if any, whi						1880 181	
3	NAME OF		cause (a) stating the und		AS A CONSEQUENCE	OF				
100	BANKA		lying cause last.							
S	RTIFICATE SHOULD BE EXECUTED THE WORD "PENDING" III STO THE CHIEF MEDICAL ESHOULD BE USED AS A BURNENT OF HEALTH AND RIOR TO BURNEY CREMATION		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TER	MINAL MICEAC	OR CONDITION CIVEN IN 8	107.1 7.01		
RECORDS	EN A POC	Z	Hupan	KNIION	TO THE TEN	MINAL GIZERS	OR CONDITION DIVER IN 1	ART 110.		
REC	MEDIA MEDIA	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPE	PATION W	AS PERFORMED?		1	20 AUTOPSY?
4	SHOULD ORD "PE CHIEF A E USED I TOF HEA	4-2	THE DIVIS OF CLEANING	The Condi	TIOITT OR WITHCH OF E	NATION W	ASTERI ORMED:		-	
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9	TOWER THE WAR	Ü	110 EXTERNAL CAUSE WAS	11b. TIME OF	A. MONTH DAY YEA	R 216. HG	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	TEM 18 PART   OR PART 2)	
o o	SHOUL SHOUL	3	CONTRIBUTING CAUSE C							
DIVISION	HEERONG	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	Y STATE
ō	WRITIN WARDED PAGE 3 S TATE DEP	2	WHILE NOT WHILE AT WORK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- CHI ON TOWN	COOKI	SIMIE
	RW. PA			541	7 N . I . I . I . I . I					
	A S S S E E S		22a. I certify that I taak cho			Autop			and in my opinio	an .
-	A E B E E		death resulted fram: No	tural causes .	Accident . S	vicide	, Hamicide .	Undetermined manner	L.,	, ,
	WAR WAR		ACTUAL /	1751	00-		TITLE (SPECIFY)		DATE	4/2/07
STATE.	SHEET W		SIGNATURE 7	7-169	truling 14	- Child	D. Deputy	MEDICAL EXAMINER	SIGNED_	7/2/0/
	WO SA		EXAMINER'S NAME / ./	Win T	Falsal	CA III	m) / 197	3 130× 106,		121
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO EUNBEAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)		Ljusca	LA	ADDRESS	Tchmans (	nar th	15702 171
	5385E8_	23a.B	URIAL, CREMATION, REMOVAL Cremation	236 DATE	23c. NAME OF CE			23d LOCATION SUY OR TOWN,	COUNTY	STATE
07/84	BP			00 13		ew Cre	-	Westview	Balt.	Co. Md.
25M	DHMH 17	24 F	NAME ROLL	BERT S. BA	RRANCO			REC'D. BY REGISTRAR 756	REGISTRAR'S SIGN	NATURE
	(VR A15 ME (5))			NA PARK, I			APF	R - 6 1987	ha Divideon	Rondale
		-								



RODERY S DARRANGO SEVERNA PARK MO 21146

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

Supervisor

MONTH 26 HOUR 52PM

IF UNDER I YEAR

Sr. 6 S. DATE OF BIRTH YEAR

23 05 10 MARRIED NEVER MARRIED WIDOWED DIVORCED |

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

63

& AGE (IN YEARS LAST BIRTHDAY)

INDUSTRY Construction

Gannon

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

IF UNDER 24 HRS.

MEMORIAL EASTON DUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Skipton Road MIDDLE

13e STREET ADDRESS / ZIP CODE

LAST

217-12-4924

17 INFORMANT

Esdelle

Ethel D. Milby P O Box 48 Cordova MD 21625

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

CITY OR TOWN

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

NO

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

ATTENDING .

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

Burial

230 BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Woodlawn Memorial Park

DEGREE

CITY OR TOWN

Talbot

24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME

Newnam Funeral Home, Easton, Maryland

4/14/87

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Easton

4/2/

poge

ofter

executed

requires that the death certificate be

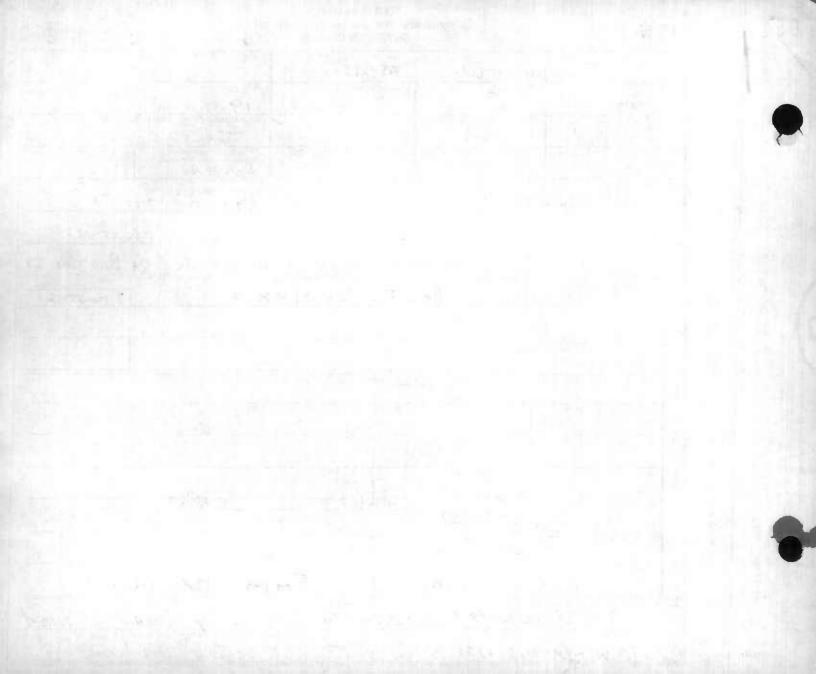
TO HOSPITAL OF ATTENDING PHYSICIAN: The low retoined by the hospitol or offending physicion.

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7-6	M	14	FOR. STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	123	13
deoth			CEASED NAME FIRST OR PRINT!	hy W.	MOALS	20 DATE OF DEATH M	4 25 8'	7 10 PM
urs ofter o		3. SE)	m	4. RACE	5. DATE OF BIRTH MONTH DAY 7 58	6 AGE (IN YEARS LAST BIRTH	YRS MONTHS DA	NIS HOURS MIN.
101 27.7	35		ountry) md	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	- (OUNTI	f MD.
lind -	18		Easton	(IF NOT IN SUCH FACILITY, GIVE STREET EASTON	MEMORIAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF T		D OF BUSINESS OR RY
Spolid be	3	lla S	md Tate	TOT CHARLE	VILLE YES NO P	13e STREET ADDRESS /	1 .	5/6/7
1	20	)	MORRIS	MOAIS	SR. GIORIA	WIDDLE		RR5
s. Poges	2 medico		(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY		monts Sa	e Rt Bo	
onpoper emovol.	event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT		WIE LEUKE	HIA		ROXIMATE INTERVAL EEN ONSET AND DEATH
Then please remove control to buriol, cremotion, or	njury, or other troumoti	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU		ninal disease or cond	ITION GIVEN IN PAR	Tio
permit.	huo smo	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES [	NDINGS USED USES OF DEATH?
nol-tronsi	lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY	r IN ITEM 18, PART 1 OR PAR	72)
s the bur	rkedor	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
for use	n 21 is mo		sow the deceased alive on above, (1) (we) (did) (did no	tol) ottended the decrosed from 4248 19	ond that in (my) (our) opinion	death occurred on the dat		
det	±			- aw. Rain		MEDICAL STAFF		ATE SIGNED
should be	MPORTAL		224 PHYSICIAN'S NAME (TYPE O	RW. BAIN	22e ADDRESS Eos		1 21601	
- v s	76	(	SPECIFY) BURIAL	236 DATE 4/24/87 136.	NAME OF CEMETERY OR CREMATORY N+210N Ch. CAN	7 00 7	GREEN	, ma
16 60M A 15, 4)		24 FU	SATMW HA	ERIS 1701 MC	6 1/0h St 250 DA	TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGI	Radall

DHMH - 16 60M 7/84 (VRA 15, 4)

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APR : 5 1987 July 2016 1994

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REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (our) opinion death accurred on the date and hour and from the causes stated 27c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4-20-87 RD3 Box 297 Easton, Md. 21601 Burial Apr. 23.1987 Stevensville Cemetery Stevensville, Q. A. Co. 250. DATE REC'D. BY REGISTRAR 256 REGISTRADS GIGNATURE DEN CONTROL DE CONTROL DEN CONTROL DE CONTR Barton Funeral Home 24 FUNERAL DIRECTOR James H. Barton, Jr., Centreville, Md. 21617

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

7h HOUR

IZE KIND OF BUSINESS OR INMOTRY DEPT. OF Correction

21638

1. Box 35

IF UNDER TUNDER

IF LINDER LYEAR

DHMH - 16 60M 7/B4 (VRA 15. 4)

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000				STATE OF MARYLAND	
0.50	JUST ARR I	0,8	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
			STATE REGISTRAR	CERTIFICATE OF DEATH	3 1 /
		T. DE	CEASED NAME FOR	MIDDLE LAST 20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	e na		DEPRINE)	0. 6 0.11	1000 /19
	A 400		11/07	V FINDER MARIL 9,1	7016/PM
	2 4	1. 5E	1 11 2	THE STATE OF BILLIA	FUNDER I YEAR UF UNDER 24 MRS
	4 85	1	Duale	Black July 4 1920 62 YRS	Jan
	1 100	7 s. Bi	RTHPLACE INTATE ON FOREIGN	25 CITIZEN OF WHAT COUNTRY? 8	OF DEATH
	4 22 30	-	L CALLINO	MARRIED WEVER MARRIED	
	1 15 16	10.00	/ Id.	WIDOWED DIVORCED DIVORCED	MD.
11	1 11 1	10.50	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
28	0 12 20	-	Easton 1	Memoral Hospital Retired.	
212	8 11 My	Usu.	AL RESIDENCE (# HURTHG HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
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3	1 14 10	11/11	THER'S NAME	choster (antridge) YES W NO 608 Greeve	0 :0 1102/3/6/
ARY	1 15/11/	1,000	FIRST .	MIDDLE LAST FIRST MIDDLE	المستقل ، س
X	3 80 211	- 5	55A6	Marshall Meachal	reichen
NE NE	9 91 30		VAS DECEASED EVER IN U.S. A	REMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
BALTIMORE	5 00 1/	1	E3 110 0K 014K110 W147   1 (11 163. C	111-05-6539 Nellie STONER	
ALT	2 05-4		18 CAUSE OF DEATH (Enter	anly ane cause per line fai (a), (b), and (c).(	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
00	and the second		PART I. DEATH WAS CAUS	SED BY: 5-17-10 Abd	N 18 hours
ST	000		IMMED I	ATE CAUSE 10) AND TO BE ATE OF THE SECOND ATE OF	10 1180.7
PRESTON	100 co			DUE TO, OR AS A CONSEQUENCE OF	N 12 1
EST	den den den		Conditions, if any, which	( 16) STRANSVIATED RIGHT FROMORAL HENIA	12 hours
	1 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
*	1 /1 10 1		underlying cause last.	widely metastatic colon cancinoma	SINCE 1984
201	1 3 35 0		PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(g)
DIVISION OF VITAL RECORDS,	i Visi	Z	Dinberes , he		
Ö	11100	JE .	19s DATE OF OPERATION		WERE FINDINGS USED
Æ	1	18	de la company de	IN CERTIFY	ING CAUSES OF DEATH?
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5	25 30f m	GE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	Lucip I II Deliver Buy West	RT I OR PART 2)
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/ISI	(1) 大 大 2 mm m	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY
ā	A P S S S S S S S S S S S S S S S S S S		AT WORK AT WORK	pital attended the deceased from 4/4 , 1	9 8 7, that (i) (we) last
	Na Hill		w the deceased alive-	priori arrended rice deceased from 19 57, and that in (my) (aur) opinion death accurred on the date and hour	
	E # 5 5 5 5		bave, To(we) (did) (did)	(a) view the bady after death.	
	8 4 8 4 5 A		276 SIGNATURE	DEGREE	TH. DATESIGNED
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	HOSPIT HOSPIT HASPIT HA	1	22d. PHYSICIAN'S MAME AYPE		10
			Ludwick J. L	EGLSEDER III MD RT3 BOK 106 Durchmans Lan	E EASTON Med 2160,
	5 5 5 3 1	22- 5	IURIAL CREMATION, REMOVA		
	20	67	MICH TON, KEMOVA	CITY OR TOWN	EQUNTY / STATE
	BP	1	WMOL	17/1/81 Delhellene Comboidge	V6 x 645/2- 1 d
	DHMH - 16 60M 7/84	74 FI	JNERAL DIRECTOR	ADDRESS 254 REGISTOR 254 REGIST	PESSIGNATURE daes
	(VRA 15, 4)	15	Tewan Trun	end Home Carb - ogo Md. APR 9 481 auto	
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	FOR		DEPARTMENT OF HEALTH AND MENTAL HYG					HYGIEN	SIENE					
	REC	REGISTRAR			CERTIFICATE OF DEATH						S. NO	0 1	3	
057457	1 DECEAS	NT)	FIRST		MIDDLE		LAST		20	DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
	001	m	ARY		6 L	EANOR	(YOP	-			9 -	16 87	8 MM	
ě .	3 SEX			4 RACE			ATE OF BIRTH	DAY YEAR		AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4	_ F	EVALE		CAUC.				22, 191		75	YRS.		Mile.	
a 69 b		IRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		NTRY? 8.	8. MARRIED NEVER MARRIED		X 9	BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
de de de	MARYLAND 10 CITY OR TOWN OF DEATH			U.S.A.		WIE	WIDOWED DIVORCED			TAlbot				
1 持一00				11. NAME OF HOSPITAL, NURSING HO			ME OR OTHE	R INSTITUTION		USUAL OCCU		12b. KIND C	126. KIND OF BUSINESS OR	
100 100 100	EA	stun		memorial Hosp			7		SECRETA			REAL ESTATE		
212 Pos #4 50	USUAL RE 13e. STATE	SIDENCE (IF NU	136 COUN	OTHER INSTITUTION	13c CITY O			SIDE CITY LIMIT	TS? 1130	STREET ADDRE	SS / ZIP COD	Æ		
AND 24	MAR	YLAND	TALE	3OT	ST. I	VICHAE				210 E.C			663	
MARYLAND ed within 24 mainteir, fills outd a freeign	14. FATHER	S NAME FIRST		MIDDLE	1.A	AST	15 MO	THER'S MAIDEN	NNAME	MIDD	1F	1.4	ST	
AM B BKAC		G	EORGE	<b>UPSHUR</b>	POPE		-		IARY I	ELEANOR				
DRE,		OF UNKNOWN		MED FORCES?	16b SOCIA	L SECURITY I	10. 17 INF	ORMANT		208	E. CHE	STNUT S'	T.21663	
IIMO		0/0			218-	26-006	2 M	ARTHA F	. SL			LS. MAR		
BALTIMORE,	18 (	AUSE OF DEA	TH (Enter on	ly one cause pe D BY.	r ling far (a),	(b) and (c).)	1		1				ONSET AND DEATH	
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he deoth cert he ottending i emove corbon mation, or ren		DUE TO, OR AS A CONSEQUENCE OF												
deo deo otte		nditions, if an		(b)_	E	MIH	45t	MA						
the there	COL	ve rise to in ise (a), stat	ting the	DUE TO, O	R A A CON	SEQUENCE			0					
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		T 2. OTHER SIC	GNIFICANT	CONDITIONS C	ONTRIBUTIN	IG TO DEATH	BUT NOT RE	LATED TO THE	TERMINA	L DISEASE OR C	ONDITION GI	VEN IN PART 1	a	
RECORDS,	CERTIFICATION 1861		171011	Tarrico de	1710115001									
low low	FICA I	196 DATE OF OPERATION 196. CONDITION FOR W				WHICH OPER	HICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTI	S, WERE FINDI	NGS USED OF DEATH?	
DIVISION OF VITAL  NG PHYSICIAN. The offending physicion tfer this certificate ha os the buriol-tronsit p th and Mental Hygien orked or frem 18 steps	E	ACCIDENT WAS U	NIDEBLYING F	7 21b. TIME C	DE INTUIDY		21. 14	OW/ INT INTIDA OF	CCHANGE	YES NO	F	ES 🗌	NO [	
OF VIII	00.4	ONTRIBUTING	_			H DAY	EAR ZIC. HO	JW INJURY OC	CCURRED	(ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)		
SIC Certification Annual Annua		EITHER NOTIFY ME			OF INJURY		19	CATION						
PHY tending the by and M ed or		LE MOIN	WHILE			OFFICE, FARM E		STREET		City	OR TOWN	COUNTY	STATE	
DING ON OF OF	AT W	ORK ATW	ORK			,	- 6	1	25-		171			
D. P. C.				tal) attended th	3 deceased	19 87	and that is	(QUI) QQI	union deo	, to7 th occurred on th	a date and ha		that (we) lost	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINT 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF LINDER LYEAR Female White March 30, 1914 O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Preston, Md. U.S.A. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Pearl Works EGSTON SUAL RESIDENCE (IF N COUNTY 13e STREET ADDRESS / ZIP CODE Maryland Caroline Preston Rt. 2, Box 136 YES NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hynson Darling Hattie Hurlock ADDRES Preston, Md. 21655 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN 214-07-8641A Harry L. Richards, Rt. 2, Box 136, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse lai, stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a IFICATION HYRY TENSION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSV7 THE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YEST NOT YES [ TIM RECIDENT WAS UNDERLYING [ 21s. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER HATTHE OF HAUST IN THE ME ASST. I GRESAT TO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF DEATH MEDICAL THE STREET, NOTEY MEDICAL EXAMINERS 314 INJURY OCCURRED He PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY BYATE. AT HOME STREET PACTORS, ORDICE PARM, ETC.) THE D STANK D 12s.1 certify that [1] Ithis hospital attended the deceased from and that in the source opinion death accurred on the date and hour and from the causes stated DEGREE 771 DATESIGNED ATTENDING 77e ADDRESS Durchman LANG the the 230 BURIAL CREMATION REMOVAL Apr. 27, 1987 Grove Cemetery Burial Preston. 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Newnam Funeral Home

4/8/87

Easton, Maryland

STATE OF MARYLAND

Spring Hill Cemetery Easton Talbot MD 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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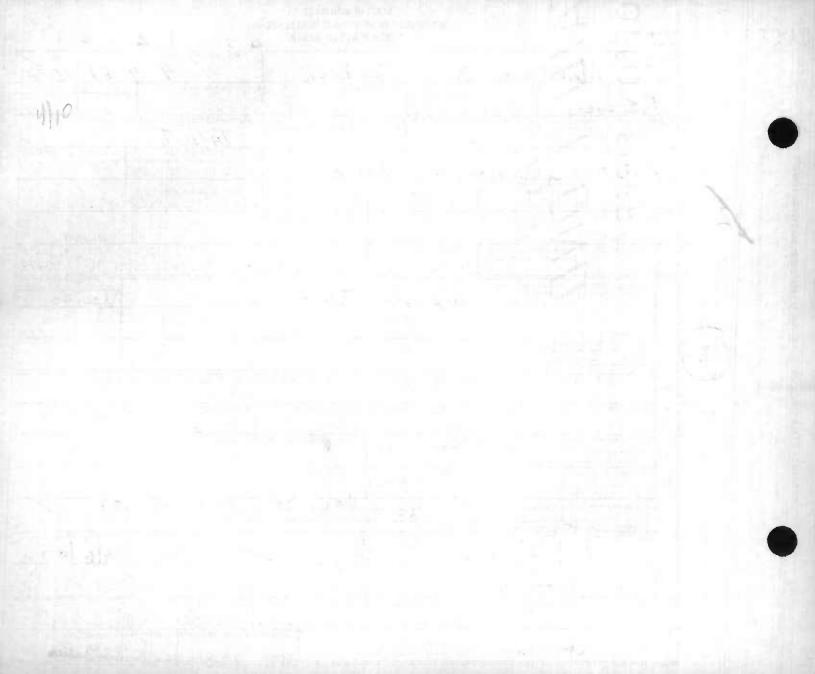
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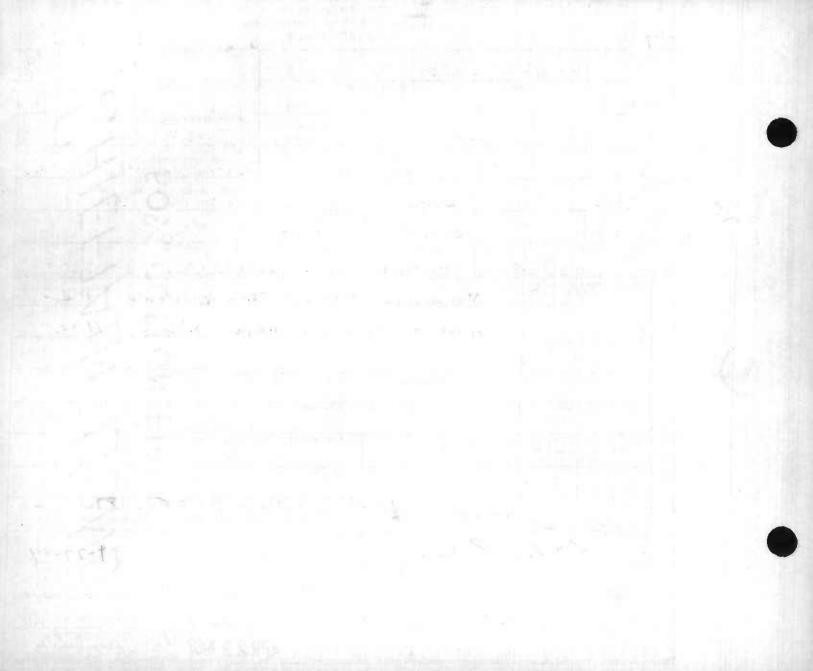


Easton, Maryland

Newnam Funeral Home

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

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30		WARYLAND	U.S		WIDOWE		TALBOT			MD.	
ク	10 C	ST. MICHAE		9 E. CHEW		OR OTHER INSTITUTION	PAINTER	ON F WORKING LIFE) 15		UCTION	
-	13a S	AL RESIDENCE (IF NURSING TATE 13 ARYLAND	S HOME OR OTHER INSTITUTION		AELS	134 INSIDE CITY LIMITS? YES NO D	13e STREET ADDRESS / 209 E	ZIP CODE	E. 216	63	
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th and Mental Hygiene prior to burial. Crimothan, or the sol	16e. V	VAS DECEASED EVER IN	U.S. ARMED FORCES	THE CONTRACTOR OF THE		17. INFORMANT	1040				
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	23a B	URIAL, CREMATION, RES		28, 1987	OLIV	EMETERY OR CREMATORY VET CEVIETERY	ST. MIC	IAELS, T	ALBOT	MARYLAND	
7/84	24 FU	INERAL DIRECTOR	PI	1 ADJRE-	Int.	1 250 ph	E REC'D. BY REGISTRAR	25h. REGISTRAR'S	SIGNATURE	Randards	
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corban papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 states only injurys, or other transactic event, the medic

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## STATE OF MARYLAND

STATE   STAT	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
SERVING   PROPERTY	1			CERTIF	ICATE OF DEATH	8 / REG. N	101 2	5 2	2			
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Tather Shame	E	ASTON	Mei	MORIALI	tosoital							
MARYLAND MONTGOMERY SILVER SPRING PER NO  9727 Mt. PIsgah Rd 20903  IF ATHERS NAME Philip C. Straus  Model Prinches MADEN NAME Part Labil Hammerstein  Model Prinches MADEN NAME  M					13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE					
Philip C. Straus  Bertha Hammerstein  16 YAS DECEASED EVER IN U.S. ARMED FORCES?  16 YAS GIVE WARD FOR EASTS)  17 NO  18 YAS GIVE WARD FOR EASTS)  18 SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  18 SOCIAL SECURITY NO.  18 YAS GIVE WARD FOR EASTS)  18 SOCIAL SECURITY NO.  19 PART I. DEATH WAS CAUSED BY:  18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).  19 PART I. DEATH WAS CAUSED BY:  10 MANUFACTURE OF DEATH ENTER OF WARD FOR EASTS)  10 DUE TO, OR AS A CONSEQUENCE OF  10 DUE TO,	1							d 209	903			
Philip C. Straus  Me WAS DECEASED EVER IN U.S. ARMED FORCES?  164. SOCIAL SECURITY NO  577-16-6341  Justine A. Straus  Same as above  17. INFORMANT  ADDRESS  18. SOCIAL SECURITY NO  577-16-6341  Justine A. Straus  Same as above  18. CAUSE OF DEATH Earth only one couse per line for (o), (b) and (c)  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  CONDITION, which  One rise to immediate couse (o), stoling the underlying couse lost.  19. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.  19. DUE TO, O	A. F.		M-DD15	1241				1000				
No Security No 17 - 16-6341 Justine A. Straus same as above    Response of the part of the	1	1		LAST				(W2)				
NO 577-16-6341 Justine A. Straus same as above    B CAUSE OF DEATH LETTER ONly one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF couse (a), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (a), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (a), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (b), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse lost   DUE TO, OR AS A CONSEQUENCE OF couse (c), stoling the underlying couse (c), stoling the underlying couse (c), stoling to couse (c),		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY NO.			RESS	1.5				
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OR CONTREDUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR P.M. 19  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  22d. I certify that (1) (this hospital) ottended the deceased from 19 ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did now new the body after death.  22d. Pt. Inch. In Ante (incomplete and incomplete and												
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The Helfenhein Fineral Home Chester MD 21610   APK 2 4 190/ Chie District Chadas	100	NAME	7 77				11 . ~	order P	dall			

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL

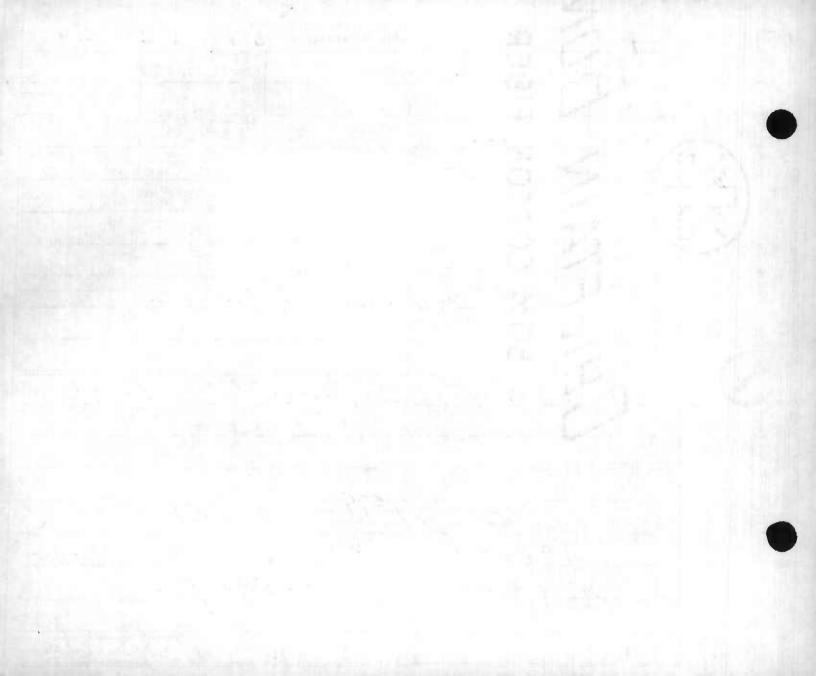
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Easton, Maryland

Newnam Funeral Home

(VRA 15, 4)



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0 m £ /		CEASED NAME OR PRINT)	ECIL			WHE		2	a DATE OF DEATH	4-20	0 .	In 778
poge 3									105			10 M
director phours offer	3. SE)		1	RACE		5. DATE OF	DAY YEA		AGE (TH YEARS LAST BIRT	MDAY		FUNDER 24 HRS.
	700	Male		White		6/2	27/ 189		89	YRS		
20		RTHPLACE (STATE OR FO	DREIGN 176.	CITIZEN OF WHA		MARRIED	NEVER MARRIE	0 🗆	TALBO	COUNTY	OFDEATH	
- 52		Maryland  IY OR TOWN OF DEA	1 11	U.S.A.		WIDOWED	OTHER INSTITUTIO		20. USUAL OCCUPATE	251	Tim white of t	MD.
475	E	TAC 1		CIENOTIA SICHEACI	ILITY, GIVE STREET		OF DITTLE		TYPE OF WORK FOR MOST OF			
\$\C)	4811	MOTOTON	WE ON OTH	MEX		L []	USPITAL		Farmer		Farmi	ng
ould be	13a S	L RESIDENCE (IF NURSIN	III COUNTY	)/1 N : 13c. (	CITY OR TOW	N 13	d INSIDE CITY LIM		e.STREET ADDRESS	ZIP CODE	7)1	1.22
		ryland THER'S NAME	Derch	rester I	Federa					ox 27	1 00/	000
057	14 FA	FIRST	MIDE	DLE	LAST		MOTHER'S MAIDE	EN NAME	WIDDLE		LAST	
	16. 14	Greenb AS DECEASED EVER I			Vheatl SOCIAL SECU		Virg	inia	ADDRE	cc	Smith	
2 medicol			(IF YES, GIVE W	AR OR DATES)			7 INFORMANT			Rt.		x 57A,
e a		VO.				7.0	Angelen	e W.	Collins	, Der	ton, M	10.2162
ent, #		PART I. DEATH WA	(Enter only o	one couse per line f	10) 101, (b), dire	tic NI	orashi	100	ward	•	BETWEEN ON	SET AND DEATH
eve :			IMMEDIATE C		Cent	1101	our in 9		10000		Vous	-7
ove corl				DUE TO, OR AS	A CONSEQUE	NCFOF /			V		700	1.
potion		Conditions, if ony, gove rise to imm		1b)	101	11)					100	1
other		couse (a), stating underlying couse		DUE TO, OR AS	a Conseque	NCE OF						
0.0				(c)								
luy.	Z	PART 2. OTHER SIGN	IFICANT CON	ADITIONS CONTR	IBUTING TO E	DEATH BUT NO	OT RELATED TO THE	ETERMIN	AL DISEASE OR CONI	DITION GIVE	N IN PART Tio	
0 2	CATION	19a DATE OF OPERAT	ION	19h CONDITION	FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPSY?	20b. IF YES.	WERE FINDING	SUSED
W So	LL.								YES TO NOT	IN CERTIFY	TING CAUSES O	
Hygie 18 sho	CERT	21g, ACCIDENT WAS UNDE	ERLYING	216 TIME OF INJ	IURY		21c HOW INJURY O	OCCURRED	YES NOL	1		NO []
		OR CONTRIBUTING C	AUSE OF DEATH		MONTH DA	AY YEAR			(Euren manage of major			
Mento or Item	MEDICAL	(IF EITHER, NOTIFY MEDIC		P.M.	JURY	19	III LOCATION	_				
puo	ME	WHILE MOT WHI	IE 🗍	(AT HOME, STREET, FA			STREET		CITY OR 19	WN	COUNTY	STATE
nork		22a.1 certify that (1)	^	attended the dec	reared from		1970		14/-	76 ,	087 1	-1 (1) ( -) 11
H E		sow the decease	d alive on	4/26	19 (	,	that in (my) (our) or	pinion dec	oth occurred on the do	ite and hour		ot (I) (we) fost
m 2		obove, (1) (we) (di	id) (did not) vi	iew the body ofter	deoth.	1	GREE				22¢ DATE/SI	200
F H		1	1 m	Anlison	/ ()	1	ATTEND		MEDICAL STAF		1//2	1/10
Stote		22d. PHYSICIAN'S NA	ME LIVE OF PR	INT)	1	- /	22e ADDRESS	IAN	DIRECTOR   PHYSIC	IAN []	17/2	6/0/
should be det		210.1111010111111011111	10/M	11/0	0.0		F	4-17	TON M-	/		
0 4 5 3	22 0	HIBIAL CREWITAGE	IV.	MANG	100	LAME OF CT	1	1101	1000 1000	V		
	23a B	URIAL, CREMATION, F	REMOVAL 1	23b. DATE			METERY OR CREMAT	TORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
-	24 EI	Burial		4/29/87	H	illcr	est	S- DATE D	Federals	burg.	Carol	ine, MI
- 16 60M 7/84	1	NAME	0. 0	Jan Jan	ADDRESS	111.	4011-	ADD	CO 4007			
A 15, 4)	700	mpling- Bow	pun 21	16 M. Main	St. flest	abbuyi	Me 21632	ALK	001381	finisa ,	Sundern K	indally

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